



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

INFORMATIONAL LETTER NO. 829

DATE: August 7, 2009

TO: Iowa Medicaid Audiologists, Hearing Aid Dispensers and
Hospital Providers

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: New Hearing Aid Form

EFFECTIVE: Immediately

The Report of Examination for a Hearing Aid, form 470-0361 and the Hearing Aid Evaluation/Selection Report, form 470-0828 are no longer required. These forms have been replaced with form 470-4767, Examiner Report of Need for a Hearing Aid, which is attached. This form must be attached to all Requests for Prior Authorization along with additional pertinent information such as member history and diagnosis, and need for binaural hearing aids if the member hasn't been using them. Requests for replacement hearing aids should include the date of purchase of the current hearing aid, if known or the approximate age of the current hearing aid, whether or not the aid is covered under warranty if it is less than one year old, the reason for replacement and previous audiology tests.

If you have any questions, please contact IME Provider Services, 1-800-338-7909, locally 515-725-1004 or by e-mail at imeproviderservices@dhs.state.ia.us